



Donation Form

DONOR INFORMATION

Name _____

Street Address _____

City/State/Zip _____

Telephone _____

PLEASE SEND COMPLETED FORM TO:

MAIL St. Anthony Foundation
121 Golden Gate Ave.
San Francisco, CA 94102-3899

FAX 415-252-1635

MEMORIAL/TRIBUTE INFORMATION

Choose to make your gift a memorial or tribute.

In memory of _____

In honor of _____

for holiday birthday get-well anniversary

or other _____

If you would like us to send a card, please complete the name and address below.

Name _____

Street Address _____

City/State/Zip _____

DONATION

CHECK Enclosed is my gift for \$ _____

CREDIT CARD Visa Mastercard

Account Number _____

Expiration Date _____

Monthly Donation Amount \$ _____

Single Donation Amount \$ _____

I authorize St. Anthony Foundation debit my credit card account to assist with providing food, clothing, shelter and health care for those in need.

Signature _____

Date _____

ELECTRONIC TRANSFER OF FUNDS

Account Number _____

Bank Name _____

Monthly Donation Amount \$ _____

I authorize St. Anthony Foundation and my financial institution to initiate transfers from my account each month to assist with providing food, clothing, shelter and health care for those in need.

I understand that either St. Anthony Foundation or I can terminate my electronic transfer option upon notification.

Signature _____

Date _____

For Transfer of Funds, please send a voided check or deposit slip along with completed form.